THE UNITED STATES PATENT AND TRADEMARK OFFICE

MCS4873CIPCON AF
PATENT
3769

In re application of:

Barak et al.

Serial No.:

09/941,909

Group No.:

3764

Filed:

08/29/2001

Examiner:

J. Yu

For:

PORTABLE AMBULANT PNEUMATIC COMPRESSION SLEEVE

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant hereby appeals to the Board from the decision of the Primary Examiner mailed finally rejecting claims 29-42, 73-82, and 85-141.

The item(s) checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

X other than a small entity

__ small entity

Verified statement

- attached
- __ already filed on

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 CFR 1.17(b) the fee for filing the Notice of Appeal is:

__ small entity

\$165.00

X

other than a small entity

\$330.00

Notice of Appeal fee due \$330.00

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 19/20/2004

Emily C. Porell (type or print name of person mailing paper)

(Signature of person hailing paper

Page 1

| 3. | EXTENSI | EXTENSION OF TERM | | | | |
|-----------|--|-------------------|--|---|----------------------|--|
| NOTE: | The time periods set forth in 37 CFR 1.191 are subject to the provision of § 1.136 for patent applications 37 CFR 1. 191(d). (But CFR 1.645 for extension of time in interference proceedings and 37 CFR 1.550(c) for extension of time in reexamination proceedings.) | | | | | |
| • | (complete (a) or (b) as applicable) | | | | | |
| | The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. | | | | | |
| | (a) X Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 1.17(a)-(d)) for the total number of months checked below: | | | | | |
| | Extension (months) | | Fee for other than small entity | | Fee for small entity | |
| <u>X</u> | one month two month three mont four month | is ths | \$110.00 \$380.00 \$950.00 \$1,360.00 | \$55.00 \$190.00 \$475.00 \$680.00 | | |
| | | | | Fee: <u>\$95</u> | 50.00 | |
| ii ali ac | (check and complete the next item, if applicable) An extension for months has already been secured and the fee paid therefor of \$i deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ | | | | | |
| | | | or | | | |
| | (b) | | Applicant believes that no extension of to is being made to provide for the possibil need for a petition and fee for extension | lity that applicant has in | | |
| 4. | TOTAL F | FEE I | DUE | | | |
| The tot | al fee due is | 3 : | | | | |
| | Notice of Appeal fee \$ 330.00 | | | | | |
| | Extension fee (if any) \$950.00 | | | | | |
| 5. | TOTAL FEE DUE \$1,280.00 FEE PAYMENT | | | | | |
| | \underline{X} Attached is a check in the sum of $\frac{1,280.00}{1}$. | | | | | |
| | Charge Account No. the sum of \$. | | | | | |

A duplicate of this transmittal is attached.

6. FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, 1065 O.G. 31-33.

X If any additional extension and/or fee is required charge Account No. 19-0079.

AND/OR

X If any additional fee for claims is required, charge Account No. <u>19-0079</u>.

SIGNATURE OF ATTORNEY

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Matthew E. Connors type or print name of attorney

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